In India the condition of women was appalling during independence. The deprivation of women in getting the similar level of opportunities relating to education, health, decision making as men due to prevalence of patriarchal society and socioeconomic backwardness in India put women at a backstage. After independence Indian planners and policy makers recognized the problem and framed variety of policies and programmes to provide women equal status as men. But since after six decades of Indian planning after making various efforts Indian women are still at a backstage than men on various aspects. Under this backdrop, this paper tries to evaluate the status and position of women in India in the light of some important gender–related indicators. It makes a comparative analysis of different states of India in the attainment of the indicators. The indicators chosen cover wide spectrum of socio-economic status of women. The analysis observes a convergence among states on some indicators like female literacy rate, IMR for females, life expectancy of females over the period. But a sharp difference across states is observed regarding the indicators like sex ratio, crime against women. A striking difference is noticed between the northern states and southern states in most of the gender related indicators. The northern states like BIMARU states are still have a long way to go on women progress in India.

Artificial Intelligence and Machine Learning (A.I.)

INTRODUCTION

In the last two decades, the world development literature experienced a transition of ideas from economic growth to human development and later gender development. The last two decades of development research was busy in making a link between ends and means of development. The focus was shifted to provide more priority to the ends of development rather than means. The neoclassical indicators of economic progress like GNP and GDP failed to reflect the well-being and freedom actually enjoyed by population. The concept of human development has been accepted in the development economic literature as an expansion of human capabilities, a widening of choices, an enhancement of freedom and a fulfillment of human rights. It defines people’s well being as the end of development and economic growth as a means. The construction of HDR by UNDP since 1990 provides a detailed and extensive analysis of achievements and limitations of living condition of people in different parts of the contemporary world. But after the publication HDRs a concern was raised for more comprehensive investigation of gender inequality in economic and social arrangement in the contemporary world. Women and men share many aspects of living together, collaborate with each other in complex and ubiquitous ways, yet end up – often enough – with very different rewards and deprivations (Sen and Anand, 2011). According to Sen, there are two important issues which need to be addressed carefully. 1stly, gender inequality and its linkage with gender equity sensitive indicators and 2ndly, contrasts between the efforts and sacrifices made by both male and female and the rewards and benefits they respectively enjoyed. India is a country with enormous diversity. It is characterized by huge difference in economics, political, social, cultural and regional aspects. The social status ascribed to women varies from state to state and region to region. During independence the condition of women in terms of literacy, health status was very much appalling. Female literacy rate was less than 1% during independence. The deprivation of women in getting the similar level of opportunities relating to education, health, decision making as men due to prevalence of patriarchal society and socioeconomic backwardness in India put women at a backstage. During independence the condition of women in terms of literacy, health status was very much appalling. Female literacy rate was less than 1% during independence. After independence, Indian planners recognized that development of half of the population remaining the rest at a
backstage would lead to an unbalanced development in true sense. The overall development process envisages a share in the development generated by the plan equally for women and men. The constitution of India stressed the need for promoting the educational and economic interest of the weaker section of the people with special care, the welfare and development of women received particular attention from the beginning. The different policies and programmes formulated by the Indian policy makers to uplift nearly half of the population and the concerted efforts taken by different women agencies and NGOs led a significant and positive change in the gender development in India. From the sphere of education, health to decision making and work status the position of women is now much better than the pre-independence period. Under this backdrop, this paper tries to evaluate the status and position of women in India in the light of some important gender-related indicators. It makes a comparative analysis of different states of India in the attainment of the indicators. The indicators chosen cover wide spectrum of socio-economic status of women. These include educational status, health status as well social status in India.

Data sources and methodology

All the data sources are secondary. The data sources are
i) India Human Development Report 2011
ii) NFHS-II and NFHS-III
iii) Different NSS Rounds
iv) Various issues of Census
v) NCRB Report, 2011
vi) Loksabha Secretariat, Reference Note, 2013

Gender development follows a complex path. No uniform result can be obtained in this context by taking uniform action to all regions. Different actions give different result to different regions. Thus examination of individual indicators is needed for better and accurate policy formation. Any type of Index formation by assigning weight to particular variable may lead to false proposition in state wise comparison. In this study all the indicators have been examined separately for a majority of states to provide a detail picture of status of women and gender discrimination prevailing across states of India during the recent period. Here the status of women has been discussed from three important aspects encompassing educational status, health status and social status in India. For making a detailed and extensive analysis, a number of important gender related indicators has been chosen. These are Female Literacy Rate, Infant Mortality Rate for females, Maternal Mortality Rate, Life Expectancy for females, Crimes against women and Sex Ratio. Analysis of these indicators for major states is expected to provide important information regarding status of women and gender inequality and disparity existing in different states of India.

Educational Status of Women in India

In order to work towards development that benefits women too, the need to focus on women came to be recognized in the matter of policies and various development programmes. This perspective moved away from the earlier ‘welfare’ approach wherein women were relegated to being mere recipients of various beneficiary projects, often under the assumption that some benefits would trickle down to them (Rustogi 2004; Feldman 1998; Mazumder et al., 2001). The history of female education in India is not much old. The recognition of female education as a social issue is quiet recent in India. In fact, at the beginning of the 20\textsuperscript{th} century, the female literacy rate was below 1\% in every province of British India. India and every ‘native state’ with a few exception such as Coorg, the Andaman and Nikobar Island and the native states of Travancore and Cochin, the female literacy was asa low as 3\% in 1901. Against this background the recent picture of female education is far more satisfactory. According to Census 2011, the female literacy rate is 65.5\% against the male literacy rate of 82.1\%. Although there has been a considerable improvement in literacy rate of female but still it is much lower compared to male. Male-female gap is predominant and nearly 20\% gap is remaining between male-female literacy rate (see Table 1).

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1901</td>
<td>98</td>
<td>7</td>
</tr>
<tr>
<td>1911</td>
<td>106</td>
<td>11</td>
</tr>
<tr>
<td>1921</td>
<td>122</td>
<td>18</td>
</tr>
<tr>
<td>1931</td>
<td>156</td>
<td>29</td>
</tr>
<tr>
<td>1941</td>
<td>249</td>
<td>73</td>
</tr>
<tr>
<td>1951</td>
<td>250</td>
<td>79</td>
</tr>
<tr>
<td>1961</td>
<td>344</td>
<td>130</td>
</tr>
<tr>
<td>1971</td>
<td>395</td>
<td>187</td>
</tr>
<tr>
<td>1981</td>
<td>469</td>
<td>248</td>
</tr>
<tr>
<td>1991</td>
<td>641</td>
<td>393</td>
</tr>
<tr>
<td>2001</td>
<td>753</td>
<td>537</td>
</tr>
</tbody>
</table>

Source: various issues of census

The problem of literacy is acute in rural India where nearly 43\% female are illiterate. Again the educational advancement is not even across the states. From the table it is cleared that some states improved significantly during the last six decades in respect of female education whereas some are at a backstage. The state of Kerala achieved highest literacy for female with 92.1\% rate among the non-special category state. Among the special category states Mizoram and Tripura achieved nearly 90\% female literacy rate during the period 2001-11. In contrast states like Rajasthan (52.7\%), Bihar (53.3\%), Jharkhand (56.2\%) lagged far behind in achieving female literacy. The surprising fact is that the same states achieved much higher literacy rate for male. Another important phenomenon which is observed is that the states like Uttar Pradesh, Madhya Pradesh and Orissa that are famous for backwardness in gender development made much improvement in the female literacy during the period 2001-11.

This is no doubt a positive improvement for women education is far more satisfactory. According to Census 2011, the female literacy rate is 65.5\% against the male literacy rate of 82.1\%. Although there has been a considerable improvement in literacy rate of female but still it is much lower compared to male. Male-female gap is predominant and nearly 20\% gap is remaining between male-female literacy rate (see Table 1).
### Table 2. State wise Literacy Rate in India 2011

<table>
<thead>
<tr>
<th>states</th>
<th>Male</th>
<th>Female</th>
<th>male-female gap</th>
<th>rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andhra Pradesh</td>
<td>75.6</td>
<td>59.7</td>
<td>15.9</td>
<td>13</td>
</tr>
<tr>
<td>Arunachal Pradesh</td>
<td>73.7</td>
<td>59.6</td>
<td>14.1</td>
<td>15</td>
</tr>
<tr>
<td>Assam</td>
<td>78.8</td>
<td>67.3</td>
<td>11.5</td>
<td>16</td>
</tr>
<tr>
<td>Bihar</td>
<td>73.5</td>
<td>53.3</td>
<td>20.2</td>
<td>7</td>
</tr>
<tr>
<td>Chhattisgarh</td>
<td>81.5</td>
<td>60.6</td>
<td>20.9</td>
<td>4</td>
</tr>
<tr>
<td>Delhi</td>
<td>91</td>
<td>80.9</td>
<td>10.1</td>
<td>18</td>
</tr>
<tr>
<td>Goa</td>
<td>92.8</td>
<td>81.8</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>Gujarat</td>
<td>87.2</td>
<td>70.7</td>
<td>16.5</td>
<td>10</td>
</tr>
<tr>
<td>Haryana</td>
<td>85.4</td>
<td>66.8</td>
<td>18.6</td>
<td>7</td>
</tr>
<tr>
<td>Himachal Pradesh</td>
<td>90.8</td>
<td>76.6</td>
<td>14.2</td>
<td>10</td>
</tr>
<tr>
<td>Jammu and Kashmir</td>
<td>78.3</td>
<td>58</td>
<td>20.3</td>
<td>5</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>78.5</td>
<td>56.2</td>
<td>22.3</td>
<td>3</td>
</tr>
<tr>
<td>Karnataka</td>
<td>96</td>
<td>68.1</td>
<td>27.9</td>
<td>1</td>
</tr>
<tr>
<td>Kerala</td>
<td>96.1</td>
<td>92</td>
<td>4.1</td>
<td>13</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>80.5</td>
<td>60</td>
<td>20.5</td>
<td>2</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>89.8</td>
<td>75.5</td>
<td>14.3</td>
<td>5</td>
</tr>
<tr>
<td>Manipur</td>
<td>86.5</td>
<td>73.2</td>
<td>13.3</td>
<td>5</td>
</tr>
<tr>
<td>Meghalaya</td>
<td>77.2</td>
<td>73.8</td>
<td>3.4</td>
<td>10</td>
</tr>
<tr>
<td>Mizoram</td>
<td>93.7</td>
<td>89.4</td>
<td>4.3</td>
<td>9</td>
</tr>
<tr>
<td>Orissa</td>
<td>82.4</td>
<td>64.4</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td>Punjab</td>
<td>92.1</td>
<td>81.2</td>
<td>10.9</td>
<td>7</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>80.5</td>
<td>52.7</td>
<td>27.8</td>
<td>4</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>87.3</td>
<td>76.4</td>
<td>10.9</td>
<td>8</td>
</tr>
<tr>
<td>Tripura</td>
<td>92.2</td>
<td>83.1</td>
<td>9.1</td>
<td>9</td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>79.2</td>
<td>59.3</td>
<td>19.9</td>
<td>7</td>
</tr>
<tr>
<td>Uttaranchand</td>
<td>88.3</td>
<td>70.7</td>
<td>17.6</td>
<td>8</td>
</tr>
<tr>
<td>West Bengal</td>
<td>82.7</td>
<td>71.2</td>
<td>11.5</td>
<td>9</td>
</tr>
</tbody>
</table>

Source: Census 2011

![Graph of Male-Female Literacy in India 2011](image)

**Women Health in India**

Health is generally regarded as a vital component of growth and development of a nation. However, in India the field of health and health care in general and women health in particular is the most neglected aspects of development. Women are viewed mainly as the means of production often at the cost of own personal, individual identity (Rustogi 2004). Even today the issue of family welfare and reproductive health is much more important to policy makers than the issue of providing basic level of nutrition, better health, better control over women’s body etc. In this context to assess the women health in the country the following indicators are chosen.

1. IMR for females
2. Anaemia among women
3. Maternal Mortality Ratio and
4. Life expectancy of female at birth

**Infant Mortality Rate for females**

IMR for females refers to the number of female death in the first year of life per 1000 live birth. It reflects the probability of female child dying before attaining age 1 year due to poor health of either the child or mother. The data for IMR overall witnessed a remarkable decline over the years from 67.8 in 2001 to 50 in 2009 in India. The same trend has been observed for the IMR for females – it decreased from 68.9 in 2001 to 52 in 2009 for overall India according to the data of India Human Development Report 2011. The largest decline in IMR for females has been observed in the states of Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan, Uttar Pradesh, Orissa and Tamil Nadu. At both points of time (2001 as well as 2009) the highest IMR was observed in MP and the lowest in Kerala (see Table 3). It is also the fact that IMR for female is always greater than IMR for male at both points of time.

Only exception is Tripura where male IMR surpasses the female IMR. The gender gap to the extent of five has been observed in the states of Assam, Chattishgarh, Goa and J&K. One important phenomenon that has been noticed from the above result is that a tendency of convergence across states in respect of declining IMR for females has been started across states in India. A study by Murti, Guio and Drez (1995) about the variation of under five mortality rates between different districts of India shows that female labour force participation and female literacy are strongly associated with female disadvantage and child survival whereas the issue of modernization and urbanization appears to provide a weak link with that of female disadvantage and child survival. It implies that economic freedom and knowledge has a greater role to play in removing female disadvantage and child survival. It is worth mentioning that discrimination in access to healthcare services to females and the lower status ascribed to females in our society is at the base of excess female mortality in the inference stage (Basu 1989).

**Maternal Mortality Ratio**

Maternal Mortality Rate (MMR) is calculated as the number of maternal death per 1,00,000 live birth. This information

![Graph of Maternal Mortality Rate](image)
collected on account of death of women due to pregnancy, child birth or within 42 days of child birth. A steady decline in MMR has been observed in India from 301 during 2001-03 to 212 during the period 2007-09. Although all the states registered a decline in the MMR over the year, the range of variation across states is high. It ranges from 81 in Kerala to 391 in Bihar. It has been observed that again BIMARU states along with Chattishgarh recorded highest MMRs (see table 4). There are various reasons explained for high MMR in the country. These are early marriage of girls without any mental and physical preparation a girl has to take the responsibility of bearing and rearing of a child), low immunity level, lack of balanced food intake, proper nutrition and health care for women and institutional bottleneck at delivery time particularly in the rural areas. According to Gopalon and Shiva (2000), Krishnaji and James (2002), the high rates of maternal mortality are not due to reproduction but are a result of poor health condition that are the outcome of gender discrimination and physical condition that are the outcome of gender discrimination melted out over the years from childhood.

### Table 4: Maternal Mortality Rate in India, 2001-3, 2004-6, 2007-9

<table>
<thead>
<tr>
<th>states</th>
<th>2001-3</th>
<th>2003-6</th>
<th>2007-9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andhra Pradesh</td>
<td>195</td>
<td>154</td>
<td>134</td>
</tr>
<tr>
<td>Assam</td>
<td>490</td>
<td>480</td>
<td>390</td>
</tr>
<tr>
<td>Bihar</td>
<td>371</td>
<td>312</td>
<td>261</td>
</tr>
<tr>
<td>Chhattisgarh</td>
<td>379</td>
<td>335</td>
<td>269</td>
</tr>
<tr>
<td>Gujarat</td>
<td>172</td>
<td>160</td>
<td>148</td>
</tr>
<tr>
<td>Haryana</td>
<td>162</td>
<td>186</td>
<td>153</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>371</td>
<td>312</td>
<td>261</td>
</tr>
<tr>
<td>Karnataka</td>
<td>228</td>
<td>213</td>
<td>178</td>
</tr>
<tr>
<td>Kerala</td>
<td>110</td>
<td>95</td>
<td>81</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>379</td>
<td>335</td>
<td>269</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>149</td>
<td>130</td>
<td>104</td>
</tr>
<tr>
<td>Orissa</td>
<td>358</td>
<td>303</td>
<td>258</td>
</tr>
<tr>
<td>Punjab</td>
<td>178</td>
<td>192</td>
<td>172</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>445</td>
<td>388</td>
<td>318</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>134</td>
<td>111</td>
<td>97</td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>517</td>
<td>440</td>
<td>359</td>
</tr>
<tr>
<td>Uttarakhand</td>
<td>517</td>
<td>440</td>
<td>359</td>
</tr>
<tr>
<td>West Bengal</td>
<td>194</td>
<td>141</td>
<td>145</td>
</tr>
<tr>
<td>All India</td>
<td>301</td>
<td>254</td>
<td>212</td>
</tr>
</tbody>
</table>

Source: India Human Development Report 2011

### Anaemia among women

Gender discrimination results in very high incidence of anaemia among women and adolescent girls in India (IHDR 2011). In India, anaemia is rampant among women in the reproductive age group, children and low socio-economic strata of the population. IDA reduces the capacity to learn and work resulting in low productivity and loss of wages, thereby limiting economic and social development. Anaemia in pregnant women leads to adverse pregnancy outcomes such as high maternal and neonatal mortality, low birth weight, increased risk of obstetric complications, increased morbidity that seriously impairs the physical and mental development of the child. Anaemia remains a major indirect cause of maternal mortality in India (planning Commission 2008). The 11th five year plan targeted reducing anaemia among women and girls by 50% by 2012. According to IHDR 2011 data Percentage of women suffered from anaemia increased to 55.3% of women aged 15-49 years. The incidence of anaemia among women is more than 60% for low income states. The highest incidence of anaemia among women is found in the states of Bihar and Jharkhand during 2005-06 respectively (see table 5). The states of Andhra Pradesh, Chhattisgarh, Orissa and West Bengal also recorded a higher than 60% women suffering from anaemia. The lowest incidence has been observed in the state of Kerala (33) followed by Punjab (38) and Goa (38). Punjab experienced a steep decline in the incidence of anaemia among women during the period 1998-99 to 2005-06. Interestingly, the state of Kerala experienced an increase in incidence from 22.7% in 1998-99 to 33% in 2005-06. Moreover, more prevalence of anaemia is observed in rural areas than urban area. In fact, it is noticeable that unlike other indicators which experienced an improvement over the years anaemia among women significantly increased in majority of the states for nearly last 10 years.

### Table 5. Percentage of Women with Anaemia, 2005-06

<table>
<thead>
<tr>
<th>states</th>
<th>women with anaemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andhra Pradesh</td>
<td>62.9</td>
</tr>
<tr>
<td>Arunachal Pradesh</td>
<td>50.6</td>
</tr>
<tr>
<td>Assam</td>
<td>69.5</td>
</tr>
<tr>
<td>Bihar</td>
<td>67.4</td>
</tr>
<tr>
<td>Chhattisgarh</td>
<td>57.5</td>
</tr>
<tr>
<td>Delhi</td>
<td>44.3</td>
</tr>
<tr>
<td>Goa</td>
<td>38</td>
</tr>
<tr>
<td>Gujarat</td>
<td>55.3</td>
</tr>
<tr>
<td>Haryana</td>
<td>56.1</td>
</tr>
<tr>
<td>Himachal Pradesh</td>
<td>43.5</td>
</tr>
<tr>
<td>Jammu and Kashmir</td>
<td>52.1</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>69.5</td>
</tr>
<tr>
<td>Karnataka</td>
<td>51.5</td>
</tr>
<tr>
<td>Kerala</td>
<td>32.8</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>56</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>48.4</td>
</tr>
<tr>
<td>Manipur</td>
<td>61.2</td>
</tr>
<tr>
<td>Meghalaya</td>
<td>47.2</td>
</tr>
<tr>
<td>Mizoram</td>
<td>38.6</td>
</tr>
<tr>
<td>Orissa</td>
<td>61.2</td>
</tr>
<tr>
<td>Punjab</td>
<td>38</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>53.1</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>53.2</td>
</tr>
<tr>
<td>Tripura</td>
<td>65.1</td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>49.9</td>
</tr>
<tr>
<td>Uttarakhand</td>
<td>55.2</td>
</tr>
<tr>
<td>West Bengal</td>
<td>63.2</td>
</tr>
<tr>
<td>All India</td>
<td>55.3</td>
</tr>
</tbody>
</table>

Source: India Human Development Report 2011

Thus from the above analysis of women health status in India it can be argued that Indian states still have far way to go to reach the optimum goal of provision of equal health status as male and better public health delivery system. Specifically speaking, the northern states like Bihar, Jharkhand, Uttar Pradesh, Madhya Pradesh) are lagging in many respects of women health. In all health indicators discussed here these states scored low in comparison to southern and north eastern states. The improvement whatever is taking place is at a very low pace. Government of these states as well as Central Government has to come forward on a targeted basis for improvement and development of women health status of these regions. The southern states on the other hand are showing much better performance on a continuous basis. The experience of the state of Kerala is an obvious outcome of the continuous effort of the state government in providing basic education and health facility to common people. Kerala is a centre of attraction for many South-Asian countries. However, the other southern states like Tamil Nadu, Karnataka, Andhra Pradesh have also improved substantially in this field. Analysis reveals a kind of polarization regarding the status of women health between northern and southern states in India.
Social status of women

There are many studies that show that after many efforts taken to spread education and awareness for upliftment of women, still there has been a lacuna in improving social status of women in India. The declining sex ratio, early marriage of women, different types of crimes against women and spousal violence are the glaring example of the lower status ascribed to women. Females being dependent on their father, brother and husband are considered as the burden of the family and so they often have to face the burnt of violence. The equal rights of women to live life with dignity are often being ignored in Indian society. They have to die often before and after their birth, have to struggle to live a smooth life through all their life. In this section the social status of women has been analysed looking at the indicators like sex ratio, crimes against women in which spousal violence takes a major part.

Crimes against women

Crimes against women is a day to day phenomenon in recent days. Women are often viewed as the property of the men in their lives, whose responsibility is to protect them, conflict between men and women over any issue provokes violence against women (Centre for women development studies 2002). The fear of violence against women often put a hindrance over women’s educational mobility, employment, skill enhancement or income earning capacity and political participation. This, in turn affects women’s capacity building and exploration of their potential.

Sex Ratio

The sex ratio is indicative of the composition of population. It is defined as the number of females per thousand males. One of the glaring examples of gender inequality is declining sex ratio and falling sex ratio at birth. Given a preference for boys over girls that exists in many male dominated society, gender inequality can manifest itself in the form of the parents’ wanting the newborn to be a boy rather than a girl (Sen and Drez 2005). This problem is not only prevalent in India, the east Asian countries are also suffering from this disease of female deficit. In spite of having higher level of female education, greater economic participation of women, these countries are facing sharp decline and below average sex ratio.
India, the declining sex ratio across states did not follow a well defined rule. Both developed and underdeveloped states suffer from this stigma of excessive son preference at birth. The worst sex ratios were found in the well developed states like Gujarat, Delhi, Haryana, Punjab and Chandigarh as well as the less developed states like Bihar, Rajasthan and Uttar Pradesh. There exist a complete geographical divide of states having worst and better performance in this respect. The states in the north and the west consistently faced low female-male ratio whereas on the other sphere, the states in the east and south tend to have better sex ratio (see table 8). The states of Kerala, Tamil Nadu, Andhra Pradesh, Orissa, West Bengal, Chattisgarh, Jharkhand, Assam, Karnataka and the north-eastern states had better performance in this respect. The state Kerala deserves special attention as it has a sex ratio of greater than one that is 1,084 females per 1000 males during 2011. One of the possible explanations of this anti- female bias in both developed and poor states of north and west may be that male ratio whereas on the other sphere, the states in the east and south tend to have better sex ratio (see table 8). The states of Kerala, Tamil Nadu, Andhra Pradesh, Orissa, West Bengal, Chattisgarh, Jharkhand, Assam, Karnataka and the north-eastern states had better performance in this respect. The state Kerala deserves special attention as it has a sex ratio of greater than one that is 1,084 females per 1000 males during 2011. One of the possible explanations of this anti- female bias in both developed and poor states of north and west may be that

In India the use of sex determination technique for foetuses has been banned for several years, but enforcement of this law is comprehensively neglected due to reluctance of mothers to give evidence of the use of such techniques. Surprisingly in India, the declining sex ratio across states did not follow a well defined rule. Both developed and underdeveloped states suffer from this stigma of excessive son preference at birth. The worst sex ratios were found in the well developed states like Gujarat, Delhi, Haryana, Punjab and Chandigarh as well as the

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<td>22.8</td>
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Source: Loksabha Secretariat, Reference Note, 2013

Figure 5

Table 6. Crime head wise incidence of crimes against women during 2007-11 and percentage variation in 2011 over 2010

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<tr>
<th>crimes</th>
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<th>2009</th>
<th>2010</th>
<th>2011</th>
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<td>rape</td>
<td>20737</td>
<td>21467</td>
<td>21397</td>
<td>22172</td>
<td>24202</td>
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<tr>
<td>kidnapping and abduction</td>
<td>20416</td>
<td>22939</td>
<td>25741</td>
<td>29795</td>
<td>35565</td>
</tr>
<tr>
<td>dowry daeth</td>
<td>8093</td>
<td>8172</td>
<td>8383</td>
<td>8391</td>
<td>8616</td>
</tr>
<tr>
<td>cruelty by husband and relatives</td>
<td>75930</td>
<td>81344</td>
<td>89546</td>
<td>90401</td>
<td>99135</td>
</tr>
<tr>
<td>molestation</td>
<td>38734</td>
<td>40413</td>
<td>38711</td>
<td>40613</td>
<td>42968</td>
</tr>
<tr>
<td>sexual harassment</td>
<td>10950</td>
<td>12214</td>
<td>11009</td>
<td>9961</td>
<td>8570</td>
</tr>
<tr>
<td>importation of girls</td>
<td>61</td>
<td>67</td>
<td>48</td>
<td>36</td>
<td>80</td>
</tr>
<tr>
<td>sati prevention act</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>100</td>
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<td>immoral Traffic(P) Act</td>
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<td>2659</td>
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<tr>
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<td>845</td>
<td>895</td>
<td>453</td>
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<tr>
<td>Dowry Prohibition Act</td>
<td>5623</td>
<td>5555</td>
<td>5650</td>
<td>5182</td>
<td>6619</td>
</tr>
</tbody>
</table>

Source: Lok Sabha Secretariat, Reference Note, 2013

Table 7. Incidence and rate of crime committed against women in states, uts and cities during 2011

<table>
<thead>
<tr>
<th>states</th>
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Thus it has been observed from the study of social status of women that the objective of equal rights for women in all aspects has totally been neglected. The social status of women is still now at a dark stage. The early marriage of women, declining sex ratio and violence against women are the burning example of explaining the extent of lower status that is ascribed to women. Not only the poor states or backward states, the developed states also suffer from this problem of negligence. In order to enlarge human capability the prime need of the hour is to make women free to work with men hand in hand. Then only the development process would uplift the whole society on a new and higher development path.

Conclusion

This paper has tried to evaluate the status of women and its position in the light of several important gender related development indicators. The indicator covers a wide spectrum of the area of women’s education, health and its social status in India and states during the recent period. Analysis of each indicator separately has helped to identify the state’s progress and backwardness in respect of each particular indicator. This actually helps policy makers to frame policies and programmes on a targeted basis in removing the problem in which a particular state is lagging. The performance of the country and states in respect of female education is praiseworthy though it is still lagging behind in comparison with the developed countries in international arena. Various programmes and policies implemented to improve the public health system in India have now been started providing output. In the health related indicators like IMR for females, MMR, anaemia among women, some improvement has been observed for the states during this period compared to the previous period. A convergence of states is observed in the attainment of these (Literacy rate, IMR, MMR) indicators in the country. But still it is to mention that there exists strong interstate disparity in the attainment of health related indicators of women.

The BIMARU states (Bihar, Uttar Pradesh, Madhya Pradesh and Rajasthan) are though experiencing some kind of improvement over the years but are still lagging far behind the attainment level of some of developed states. Moreover, the indicators chosen for representing social status of women show a strong degree of gender discrimination. The declining sex ratio in both developed and under developed states, increasing crimes and spousal violence against women put the women at a lower status in the country. The several laws and policies fail to provide equal status to women as men still after six decades of Indian planning. It has revealed from the study that BIMARU states can be characterized as the states with persistence of strong gender discrimination. Male-female gap is predominant in achievement of each and every indicator in these states. Whereas in issue like declining sex ratio, the developed states are performing very badly owing to the factors like excessive son preference, patriarchal social structure, patrilinear property transfer, religious and ritualistic practice, lower status ascribed to women, prejudice against girl children through the use of modern techniques of sex selective abortion. So in conclusion it can be said that government of theses states should frame policies and enforce it through the proper use of machinery so that these extreme form of gender discrimination can be reduced immediately.

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